

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000136

FILED
Apr 30, 2008
Secretary of State

Entity Name: PAAAS SILENT SURVIVAL SIGNALS, INC.

Current Principal Place of Business:

2355 CANFIELD DRIVE
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

2355 CANFIELD DRIVE
SPRING HILL, FL 34609

New Mailing Address:

FEI Number: 59-3424065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUAINE, ROBERT
2355 CANFIELD DRIVE
SPRING HILL, FL 34609 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: QUAINE, ROBERT
Address: 2355 CANFIELD DR
City-St-Zip: SPRING HILL, FL 34609

Title: CB () Delete
Name: DRIZBICK, JOHN
Address: 3461 DELTONA
City-St-Zip: SPRING HILL, FL 34606 US

Title: T () Delete
Name: FONZO, FRANK
Address: 12543 SPRING HOLL DR
City-St-Zip: SPRING HILL, FL 34609

Title: D (X) Delete
Name: RYMAN, CHRISTINE
Address: 4662 COMMERCIAL WAY
City-St-Zip: SPRING HILL, FL 34606

Title: D (X) Delete
Name: AGARD, CARLOS
Address: 6057 APPLGATE DRIVE
City-St-Zip: SPRING HILL, FL 34606 US

Title: CEOP (X) Delete
Name: QUAINE, ROBERT
Address: 2355 CANFIELD DR
City-St-Zip: SPRING HILL, FL 34609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: QUAINE, ROBERT
Address: 2355 CANFIELD DR
City-St-Zip: SPRING HILL, FL 34609

Title: S (X) Change () Addition
Name: GIGI, DURR
Address: 3393 BLACK OAK TR
City-St-Zip: SPRING HILL, FL 34604

Title: D (X) Change () Addition
Name: CARLOS, AGARD
Address: 6057 APPLGATE DRIVE
City-St-Zip: SPRING HILL, FL 34

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT QUAINE

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date